

216020658
99529

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 83	Agency Case No. B6-044532	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 05/21/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		STATE USE ONLY 05/21/2016
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1447	POLICE NOTIFIED 1449	
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 9th St / K St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY S 9th St / K St			IF NOT AT INTERSECTION NAME OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 09	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13637875		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	SPENCER C STREAM		PHONE	402802554	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP 5240 S BENNINGTON PL, LINCOLN, NE 68516		DATE OF BIRTH (MM / DD / YYYY)	01/20/1998	
G 4	OWNER	SCOTT STREAM		PHONE	4024899032	
H 5	OWNER ADDRESS	CITY, STATE, ZIP 5240 S Bennington Pl, Lincoln, NE 68516		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB498152	
V1/O 1	LICENSE PLATE PA NO.	TJZ017		YEAR (Plate Expires)	2017	STATE (Of Plate) NE
V2/O 2	VEHICLE	YEAR 2003	MAKE Ford	MODEL Escape	BODY STYLE Compact Utility	COLOR gold
I 1	VEHICLE ID NO. (VIN)	1FMYU93133KA11790		INSURANCE COMPANY	Owners Ins Co	
J 01	TOWED TO	TOWED BY		POLICY NO.	47-651-518-00	
VEHICLE NO. 2						
V1/P 1	DRIVER LICENSE NO.	H13153914		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V2/P 1	DRIVER	GABRIELLA S JAMES		PHONE	4023184670	
J 01	DRIVER ADDRESS	CITY, STATE, ZIP 1005 G ST APT 1, LINCOLN, NE 68508		DATE OF BIRTH (MM / DD / YYYY)	07/08/1990	
V1/Q 4	OWNER	GABRIELLA S JAMES		PHONE	4023184670	
V2/Q 4	OWNER ADDRESS	CITY, STATE, ZIP 1005 G St #1, Lincoln, NE 68508		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
K 02	LICENSE PLATE PA NO.	TKA240		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
L 02	VEHICLE	YEAR 2007	MAKE Chrysler	MODEL PT Cruiser	BODY STYLE Medium/large	COLOR orange
M 02	VEHICLE ID NO. (VIN)	3A4FY58B77T576830		INSURANCE COMPANY	Progressive	
N 02	TOWED TO	TOWED BY		POLICY NO.	45304000	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

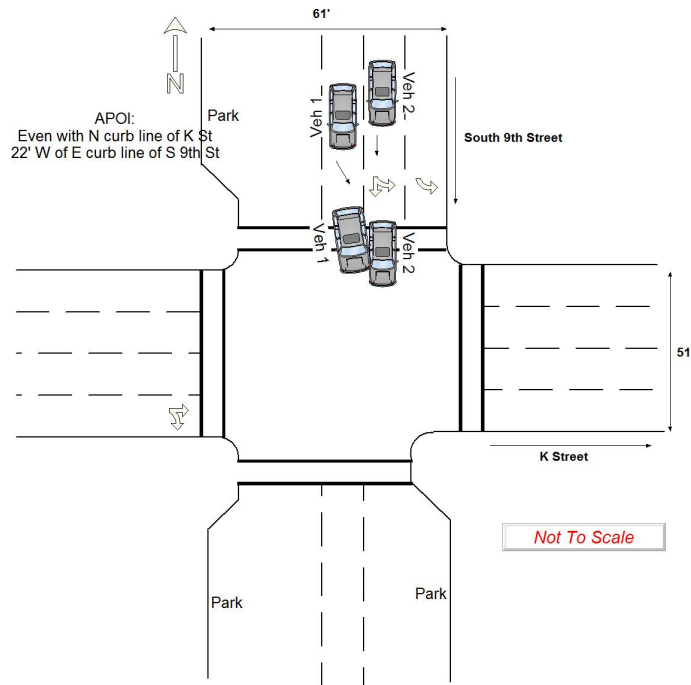
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-044532



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 reported she was SB on S 9th St in the turn/through lane at a slow speed as she was just continuing SB after the light changed to green. D2 said V1 tried to change lanes into her lane and collided with the passenger side of V2. D1 said he was SB on S 9th St in the middle through lane and did not see V2 when he tried to change lanes into the through/turn lane and collided with V2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1		X			S 9th St										
2		X			S 9th St										
1	01	06 Turning left													
2	01	08 Entering traffic lane													
		09 Leaving traffic lane													
		10 Parked													
		11 Slowing or stopped in traffic													
		12 Other													
		13 Unknown													

OFFICER NO. 1610	TROOP/TEAM/BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> Trevor Schmidt		INVESTIGATOR SIGNATURE Approved by Officer Trevor Schmidt	DATE OF REPORT 05/21/2016